Weekly Clinic Visit Questionnaire

Name: ________________________________ Date of birth: __________ Week: ________ Today's Date: ________________

PLEASE CIRCLE SERVICES FOR THIS VISIT: PHYSICIAN DIETITIAN BEHAVIORIST EXERCISE WEIGHT CHECK ONLY

1. Did you have any symptoms or physical problems since your last visit? Yes ____ No ____
   If Yes, circle and comment: Light-headedness  Headache  Cramps  Shortness of Breath
   Fatigue/Weakness  Hair Loss  Constipation  Bruising/Bleeding
   Nausea/Vomiting  Diarrhea  Other ____________________________
   Comments: __________________________________________________

2. Have you received any other medical care this week? Yes ____ No ____ If Yes, who:
   Reason: ____________________________

3. Any medications taken this week? Yes ____ No ____ If Yes, what:
   (New medications, dosage changes, stopped a medication)

4. Current dietary plan? ____________________________
   a. Did you have problems adhering to the plan? Yes ____ No ____ Comment ___________________________
   b. If consuming meal replacement formula, how many packets each day? Mon ___ Tues ___ Weds ___ Thurs ___ Fri ___ Sat ___ Sun ___
   c. If consuming nutritional bars, how many each day? Mon ___ Tues ___ Weds ___ Thurs ___ Fri ___ Sat ___ Sun ___
   d. Did you drink at least 2 additional quarts of non-caloric fluid each day? Yes ____ No ____
   e. How many calories of food did you consume? Mon ___ Tues ___ Weds ___ Thurs ___ Fri ___ Sat ___ Sun ___
      (other than formula or nutritional bars)

5. Did you exercise? Yes ____ No ____ If Yes, how many days? __________ Total number of minutes ________

Patient Signature ____________________________

MEDICAL PROGRESS NOTES

Nurse: ____________________________

Signature: ____________________________

Physician: ____________________________

Signature ____________________________

Group Facilitator ____________________________

Follow-up contact: Call / Letter ____________________________ Signature ____________________________

*2001 Novartis Nutrition Corporation. All rights reserved. Program materials may not be reproduced in any form without the prior permission of Novartis Nutrition Corporation